



NATIVE YOUTH AC2A CAMP STUDENT APPLICATION FORM

Native Affiliation:
(i.e. American Indian, Alaska Native, First Nation, Native Hawaiian, Samoan, Pacific Islander, etc)

STUDENT INFO

NAME: first last BIRTH DATE: / /

STREET ADDRESS:

CITY: STATE: ZIP CODE:

GRADE (just completed) MIDDLE SCHOOL (just completed) HIGH SCHOOL (entering)

PARENT/GUARDIAN

NAME: first last

RELATIONSHIP:

BIRTH DATE: / /

WORK/DAY PHONE: () -

HOME PHONE: () -

CELL PHONE: () -

EMAIL:

PARENT/GUARDIAN

NAME: first last

RELATIONSHIP:

BIRTH DATE: / /

WORK/DAY PHONE: () -

HOME PHONE: () -

CELL PHONE: () -

EMAIL:

ALTERNATE CONTACT

NAME: first last PHONE: () -

REGISTRATION DETAILS

REGISTRATION DEADLINE - AUGUST 1, 2012

- * Each application needs to be completely filled out and signed by parent or guardian
- * Submit application by fax: 206.923.3344 or email: zoe@teamworksacademy.org or mail: 6947 Coal Creak Pkw # 450, Newcastle WA 98059
- * If you are having problems submitting application by deadline, please call Zoe at 206.769.4841 to arrange alternate plan



SPECIAL CONCERNS

DOES YOUR CHILD HAVE FOOD ALLERGIES? YES NO

IF YES, EXPLAIN... _____

DOES YOUR CHILD HAVE I.E.P.? YES NO

IF YES, EXPLAIN... _____

DOES YOUR CHILD HAVE ANY PHYSICAL OR DEVELOPMENTAL NEEDS? YES NO

IF YES, EXPLAIN... _____

DOES YOUR CHILD HAVE BEHAVIORAL NEEDS? YES NO

IF YES, EXPLAIN... _____

DOES YOUR CHILD HAVE CLINICALLY-DIAGNOSED HEALTH NEEDS? YES NO

IF YES, EXPLAIN... _____

DOES YOUR CHILD TAKE ANY PRESCRIPTION MEDICATION? YES NO

IF YES, EXPLAIN... _____

OTHER... _____

MEDIA RELEASE

I, THE UNDERSIGNED, DO HEREBY GRANT OR DENY PERMISSION TO MACK STRONG TEAM-WORKS FOUNDATION, TO USE THE IMAGE OR LIKENESS OF MY DEPENDANT _____ AS MARKED BY MY SELECTION BELOW:

- I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by the Mack Strong TEAM-WORKS foundation for a variety of purposes that promote the work and cause of the foundation with out further notification
- I DENY permission to use my child's image/likeness

PARENT/GUARDIAN NAME (please print):

SIGNATURE: _____



ACTIVITY AUTHORIZATION FORM

I, _____, AS PARENT/LEGAL GUARDIAN OF _____
HEREBY GIVE PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN PROGRAM ACTIVITY ON AUGUST 8, 2012 THROUGH AUGUST 9, 2012.

In granting this permission, I hereby waive all claims, to the extent permitted by law, against Mack Strong TEAM-WORKS foundation, its board of directors, officers, employees, agents affiliates, members, sponsors and promoters, as well as their respective directors, officers, employees, and agents and/or other persons or entities who lead or direct this activity (hereinafter collectively known a "Mack Strong TEAM-WORKS foundation and its Sponsors"), in the event my son/daughter is injured or becomes ill, or in the event of accident or death occurring, during or by reason of the activity or excursion. By signing this release, I intend to exempt and relieve the persons and entities mentioned above from liability of personal injury, property damage, or wrongful death caused by negligence.

Should it be necessary for my son/daughter to receive medical attention/treatment while participating in this activity, I hereby give permission for the person(s) leading or directing this activity, to use their best judgment obtaining medical attention/treatment for my son/daughter. I further give permission to the physician/medical professional that is selected by the person(s) leading or directing this activity, to render medical attention or administer medical treatment as that physician/medical professional deems appropriate and necessary. I also give permission for the person(s) leading or directing this activity to use their best judgment to otherwise render any assistance (i.e. first aid, CPR, etc.) to my son/daughter in the event of injury or illness.

I understand that Mack Strong TEAM-WORKS foundation and their Sponsors, or any person(s) leading or directing this activity have no insurance coverage for medical or hospital costs for my son/daughter, which are associated with injury or illness occurring in the course of this activity (unless my son/daughter is already a covered dependent under Mack Strong TEAM-WORKS foundation employee health plan.) Therefore, any costs incurred for such medical attention/treatment shall be my sole responsibility.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE, HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THE ACTIVITY, AND AM AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS RELEASE.

PARTICIPANT'S NAME:

PARENT/GUARDIAN SIGNATURE: _____

PARTICIPANT'S MEDICAL INSURANCE CARRIER:

**ADDITIONAL MEDICAL INFORMATION ABOUT YOUR PARTICIPANT
(allergies, special condition or limitations, special medication, etc.):**

Note: None of the personnel leading or directing this activity may accept responsibility for alerting a participant about required medication, or administering such medication.